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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

Application Number	10/550,748
Filing Date	11/09/2006
First Named Inventor	Claude Thibodeau
Art Unit	1623
Examiner Name	Bahar Schmidtman
Attorney Docket Number	CP.0077.US00

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <input type="text"/> Remarks	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 3.73(b) Statement RCE - Request for Continued Examination
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Archer Daniels Midland Co		
Signature	/Mark W. Roberts/		
Printed name	Mark W. Roberts		
Date	04/12/2011	Reg. No.	46,160

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name		Date	

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